

NICKI A. BURKE, Surrogate
ADMINISTRATION FACT SHEET - Salem County Surrogate's Court

TODAY'S DATE: _____

SURROGATE'S COURT DOCKET NO. SLM-2016-_____

ESTATE OF:

(as it appears on the Death Certificate)

a/k/a: _____ a/k/a: _____

Legal domicile at time of death: _____

Township of: _____

(mailing address)

☐ is estate represented by legal counsel? Name: _____

Marital status of decedent and other information: ☒

- ☐ Married
- ☐ Widowed
- ☐ Single, Never Married
- ☐ Divorced
- ☐ Certified Domestic Partnership
- ☐ Civil Union
- ☐ Administrator Short Certificates (_____) OR Affidavits requested (_____)
 - ☐ Social Security Number: ____-____-____-____-____-____-____-____-____-____
 - ☐ Date of Birth: _____
 - ☐ Date of Death: _____
 - ☐ Entire estate to Class "A" beneficiaries
 - ☐ NJ Real Property
 - ☐ Bond amount to Bluestone case tab (Surrogate's court staff)
 - ☐ Estate value over \$675,000 (Administrations)
 - ☐ Administrator Short Certificates requested

ADMINISTRATOR(S): (legal name , Mailing address & phone number)

☐ **Ask that this is the legal name of the person to be appointed**

☐ Is the applicant a corporation? If so, use corporate POA

see: SCOM/bluestone instructions/corporate parties tab

Administrator One: _____

Address: (Mailing-include apartment number) _____

Phone Number: () _____

Cell Phone: () _____

E-Mail: _____

- ☐ Administrator is or was an attorney at law: Surrogate staff to indicate on parties tab
☐ is or was an attorney ☐ is NOT an attorney
- ☐ Attorney acting as fiduciary (right click on name in parties tab and select "attorney at fiduciary")
☐ completed (Application to reflect "office is located" not "residing at")
- ☐ ADMININSTRATORS REMARKS on BLUESTONE CASE TAB for Application of Administration.

Administrator Two: _____

☐ **Ask that this is the legal name of the person to be appointed**

Address: (Mailing-include apartment#) _____

Phone Number: () _____

Cell Phone: () _____

E-Mail: _____

- ☐ Administrator is or was an attorney at law: Surrogate staff to indicate on parties tab
☐ is or was an attorney ☐ is NOT an attorney
- ☐ Attorney acting as fiduciary (right click on name in parties tab and select "attorney at fiduciary")
☐ completed (Application to reflect "office is located" not "residing at")

ASSETS:

FINANCIAL INSTITUTION: _____

- | | |
|---|--|
| <input type="checkbox"/> Checking-Amount: \$ _____
Acct. # last 3 digits: XX- _____ | <input type="checkbox"/> Saving-Amount: \$ _____
Acct. # last 3 digits: _____ |
| <input type="checkbox"/> Christmas Club: Amount: \$ _____
Acct. # last 3 digits: _____ | <input type="checkbox"/> Other: Amount: \$ _____
Acct. # last 3 digits: _____ |

FINANCIAL INSTITUTION: _____

- | | |
|---|--|
| <input type="checkbox"/> Checking-Amount: \$ _____
Acct. # last 3 digits: _____ | <input type="checkbox"/> Saving-Amount: \$ _____
Acct. # last 3 digits: _____ |
| <input type="checkbox"/> Christmas Club: Amount: \$ _____
Acct. # last 3 digits: _____ | <input type="checkbox"/> Other: Amount: \$ _____
Acct. # last 3 digits: _____ |

FINANCIAL INSTITUTION: _____

- | | |
|---|--|
| <input type="checkbox"/> Checking-Amount: \$ _____
Acct. # last 3 digits: _____ | <input type="checkbox"/> Saving-Amount: \$ _____
Acct. # last 3 digits: _____ |
| <input type="checkbox"/> Christmas Club: Amount: \$ _____
Acct. # last 3 digits: _____ | <input type="checkbox"/> Other: Amount: \$ _____
Acct. # last 3 digits: _____ |

VEHICLES / TRAILERS / MOTORCYCLES, ETC.:

- ☐ _____
- ☐ VIN NUMBER: _____
- ☐ _____
- ☐ VIN NUMBER: _____
- ☐ _____
- ☐ VIN NUMBER: _____

REAL ESTATE: HOW AND WITH WHOM IS TITLE HELD?

- ☐ _____
- ☐ _____
- ☐ Tax record search website: _____

http://tax1.co.monmouth.nj.us/cgi-bin/prc6.cgi?&ms_user=glou&passwd=data&srch_type=0&adv=0&out_type=0&district=1704

☐ Is any real estate located in a county or state other than Salem County, New Jersey?
☐ yes ☐ no

If yes, explain Certified in NJ or Exempted out of state

INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:

Company: _____

Amount: \$ _____

INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:

Company: _____

Amount: \$ _____

PENSION(S), INVESTMENTS, 401K, CERTIFICATES OF DEPOSIT, ETC.

☐ _____

☐ _____

OTHER

☐ _____

☐ _____

DEBT OF ESTATE - FOR AFFIDAVIT OF ASSETS: Enter on Affidavit of Assets

TOTAL APPROXIMATED DEBTS: \$ _____

Next of Kin: Begin with spouse, then children, (include age of minors) (guardian of minor children), stepchildren, etc. If none, include parents and/or siblings.

List exactly how related to the decedent. (Example: Jane Doe, stepchild is the decedent's spouses' child – John Doe, nephew is the child of the decedent's deceased brother, Jim Doe.)

A. Children of Decedent

YES ☐ NO ☐

B. Children of decedent from PRESENT marriage:

YES ☐ NO ☐

C. Children of decedent-previous relationship-not child of spouse?

YES ☐ NO ☐

D. Children of surviving spouse-stepchild of decedent?

YES ☐ NO ☐

E. Children of deceased children?

YES ☐ NO ☐

F. Stepchildren

YES ☐ NO ☐

Name – Relationship to Decedent, Address, Age if Minor, Renouncing? (use reverse side or additional sheet if necessary.)

1.

Name: _____ Relationship: _____

Address: _____ Age: _____
☐ minor

2.

Name: _____ Relationship: _____

Address: _____ Age: _____
☐ minor

3.

Name: _____ Relationship: _____

Address: _____ Age _____
☐ minor

4. Name: _____ Relationship _____

Address: _____ Age _____
☐ minor

5. Name: _____ Relationship _____

Address: _____ Age _____
☐ minor

6. Name: _____ Relationship _____

Address: _____ Age _____
☐ minor

IS A BENEFICIARY DEVELOPMENTALLY DISABLED?

☐ YES ☐ NO

SEE 3B:15-1 for who and who does not have to be bonded.

(2) no bond shall be required pursuant to paragraph (1) of this subsection if:

- (a) ☐ the court has appointed another person as guardian of the person or guardian of the estate for the developmentally disabled person.
- (b) ☐ the person seeking the appointment is a family member within the third degree of consanguinity of the developmentally disabled person; or
- (c) ☐ the total value of the real and personal assets of the estate or trust does not exceed \$25,000.00.

PAYMENT: Cash ☐ Check ☐ Attorney Escrow ☐

Letters of Administration and Administrator Short Certificate(s)...

☐ Mail to Atty ☐ Give to Administrator

Attorney: _____

Name of Firm: _____

Address: _____

Phone: _____

FAX: _____

☐ **ESTATE NOTES – Surrogate's staff add all notes and reminders to Bluestone**

22A:2-31. Fees for probating will, granting administration or guardianship and filing and recording inventory in certain cases

Whenever it shall appear that the estate, real and personal, of any testator, intestate, minor or ward, is less than one hundred dollars (\$100.00), no fees shall be charged upon actions for probate of a will, granting administration or guardianship up to and including the letters issued and copies of such letters as well as the fees of filing and recording and with respect to an inventory, and whenever it shall appear that such estate does not exceed two hundred dollars (\$200.00) the fees shall be one-half of those allowed by law; but if it shall afterwards appear in any case that the value of the estate, real and personal, exceeds or exceeded two hundred dollars (\$200.00), then such estate shall be liable for and pay the balance of the fees that would have been collected had no deduction been made under the provisions of this section.

NICKI A. BURKE, SURROGATE SALEM COUNTY SURROGATE'S COURT

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